



Maternal Child Health

Objective

Provide preventive services & interventions to address the risk factors of maternal, infant & child mortality and morbidity in order to improve the health of pregnant women and children

Performance Indicators

1. Infant Mortality Rate
2. Percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester
3. Number of preventive health visits for pregnant women, infants and children
4. Child Death Rate among children age 14 and younger due to motor vehicle crashes
5. Percent of babies placed on their back for sleep

Better Health

Maternal and Child Health (MCH) Program is the only prevention program in the state dedicated solely to promoting the physical & mental health, safety & well being of pregnant women, infants & children. MCH identifies persistent & emerging health problems by monitoring pregnancy, birth, infant & child death data in order to efficiently target resources to the leading causes of death & to target areas of the state & subpopulations at highest risk. In each region MCH organizes a public-private panel of obstetricians, pediatricians, nurses, & other health professionals to review infant deaths to determine preventable causes & present findings to community leaders to develop solutions. At the state level, MCH operates the Pregnancy Risk Assessment Monitoring Surveillance system to determine the risk taking behaviors of pregnant women to target resources to address the leading causes of maternal & infant deaths. For example, from 2000-2005 there was a 9% reduction in smoking during pregnancy nationally, while Louisiana had a 38% increase.

MCH develops public information campaigns to educate pregnant women & the public of the importance of early prenatal care & healthy prenatal behaviors & Sudden Infant Death Syndrome risk reduction in order to reduce infant mortality. MCH staffs the state & local Child

Death Review Panels to determine causes of all unexpected deaths in children under age 15. Child Safety coordinators in each region coordinate the local panels & work with first-responders to prevent child injuries & deaths from car crashes, fires & drowning. MCH toll-free hotline links the public with prenatal & pediatric providers & gives information about staying healthy. MCH directly provides prenatal care & preventive pediatric care in parishes lacking physicians. MCH conducts prenatal screening, education & referral for substance use, depression & domestic violence through private obstetricians & parish health units as well as pregnancy tests & sexually transmitted disease tests to identify these conditions early in pregnancy to prevent death or serious illness or injury to the mother & baby. MCH convenes all child-serving governmental & nongovernmental agencies to address the unique needs of children from birth to age 5. Parenting education & counseling is provided by public health staff and through media statewide. MCH provides grief support to families whose baby died & counseling for children who witness or have a family member or friend die of murder.

Narrative

Louisiana is consistently at the bottom of national child health rankings. With injuries as the leading cause of child death over age 1, MCH contracts with hospitals & social service agencies to provide child safety education to child care centers, health providers & the public reaching 34,000 individuals with over 1450 car seats/child restraints checked during child passenger safety events each year. MCH collaborates with pediatricians, first responders & Louisiana Passenger Safety Task Force leveraging resources to reduce child injuries. MCH-led collaboration with Bright Start early childhood network of governmental & non-governmental agencies resulted in a child care quality rating system & related tax credits as well as setting quality standards for parenting education.

To reduce infant mortality, MCH links with Office of Behavioral Health, private obstetricians, WIC Program & March of Dimes to screen, educate, refer & treat pregnant women for tobacco, alcohol & drugs, depression & domestic violence. In Louisiana only 15% of pregnant women are screened. Intervention during pregnancy has higher success rates than other times due to a woman's concern for her unborn fetus. It is known that treatment results in lower preterm births, fetal-alcohol syndrome, stillbirths. Alcohol use in pregnancy is the leading cause of preventable mental retardation. Of women screened 24% smoked tobacco & 20% drank alcohol during pregnancy. MCH provides evidence-based health promotion interventions targeting our most vulnerable populations with campaigns to address early prenatal care & prenatal risk behaviors. The MCH toll-free helpline receives 5000 calls per year & over 15,000 unique visitors to the MCH Website with over 300,000 hits. Over 65,000 parenting newsletters have been distributed to 9500 Louisiana subscribers. MCH collaborates with coroners, death scene

investigators, first responders, child care providers & faith-based groups to prevent Sudden Infant Death Syndrome.

Maternal & Child Health Block Grant legal authority is Title V of the 1935 Social Security Act, “to provide & assure mothers & children (in particular those with low income or with limited availability of health services) access to quality maternal & child health services...to reduce infant mortality & the incidence of preventable diseases & handicapping conditions among children.” State legislative mandates: R.S. 40:2019 establishes Louisiana Child Death Review Panel to review unexpected deaths of children under age 15 to understand causes, preventive methods & gaps in services to reduce child injury & death. SCR 83-2008 requests state agencies coordinate policy, budget planning & services that support early childhood development. Evidence: Investments in high quality early childhood development programs consistently generate cost-benefit ratios exceeding a \$3 return for every \$1 invested (RG Lynch 2004). Nationally, the total annual cost of motor vehicle related death & injury is over \$240 billion. When correctly installed and used, child safety seats reduce the risk of death by 70% for infants & 47-54% for toddlers (<http://www.depts.washington.edu>).

National Highway Traffic Safety Administration says 45% of children age 14 & younger who died in car crashes were unrestrained. For every infant death, there are many more infants that survive, often with life-long disability & costs. Premature births are a leading cause of infant deaths. March of Dimes estimates that the U.S. cost of a premature birth for the 1st year of life is \$51,600 compared to \$3325 for a term birth; and the lifelong medical needs, early intervention services, special education services & loss of household & labor market productivity are estimated at over \$7.5 billion in 2005. Smoking cessation programs for pregnant women can save \$6 for each \$1 spent (<http://www.cancer.org>). The cost of Fetal Alcohol Syndrome in the U.S. is estimated to be \$9.7 billion annually (<http://www.sonoma-county.org/health>).